

SUMMER RECREATION PROGRAM REGISTRATION FORM

PLEASE PRINT

CHILD'S NAME: _____ AGE: _____

HOME PHONE: _____

HOME ADDRESS: _____

PARENT EMAIL ADDRESS: _____

MOTHER'S NAME: _____ CELL: _____

FATHER'S NAME: _____ CELL: _____

EMERGENCY CONTACT NAME (other than parents):

NAME: _____ CELL: _____

PARK LOCATION (circle one): Union Frank Snyder Overlook

IMPORTANT INFORMATION: Please list any allergies, special circumstances, etc. that we should be aware of regarding your child.

I hereby give my permission for my son/daughter to attend the Whitehall Borough Summer Recreation Program. I have been given a parent information packet and I understand the policies and procedures of the program. In addition, I release The Borough of Whitehall and all individual staff members from any claim of liability for any and all injury that may occur in the event of an accident during this program.

Parent Signature: _____ Date: _____